



PATENT

Docket No. 265.0019 0101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): High et al.

Group Art Unit: 1614

Serial No.: 09/877,220

Examiner: Unknown

Confirmation No.: 8535

Filed: 8 June 2001

For: METHODS FOR TREATING NEUROPATHOLOGICAL STATES AND
NEUROGENIC INFLAMMATORY STATES AND METHODS FOR
IDENTIFYING COMPOUNDS USEFUL THEREIN

COPY OF PAPERS
ORIGINALLY FILED

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Sir:

Upon review of the Filing Receipt received from the U.S. Patent and Trademark Office in connection with the above-identified application, the following error was noted.

Specifically, in the "Domestic Priority data as claimed by applicant" section, the term WHICH should be corrected to reflect the term AND. A copy of the Filing Receipt with this correction marked in red is enclosed. Applicants respectfully request a corrected Filing Receipt.

If the Examiner has any questions regarding this submission, please contact Applicants' Representative at the below-listed telephone number.

Respectfully submitted,

CERTIFICATE UNDER 37 C.F.R. 1.8:

The undersigned hereby certifies that this paper is being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, D.C. 20231, on this 10 day of January, 2002.

David L. Provence

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January 10, 2002
Date

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/877,220	06/08/2001	1614	1458	265.0019 0101	3	31	25

CONFIRMATION NO. 8535

UPDATED FILING RECEIPT



OC000000007050231

26813

MUETING, RAASCH & GEBHARDT, P.A.
P.O. BOX 581415
MINNEAPOLIS, MN 55401

9/8/01 IDS

Date Mailed: 11/09/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Karin Westlund High, League City, TX;
Giulio Tagliatela, Dickinson, TX;

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/210,413 06/08/2000
~~WHICH~~ CLAIMS BENEFIT OF 60/225,702 08/16/2000
AND

Foreign Applications

If Required, Foreign Filing License Granted 08/07/2001

Projected Publication Date: 02/21/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Methods for treating neuropathological states and neurogenic inflammatory states and methods for identifying compounds useful therein

Preliminary Class

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Bib Data Sheet

CONFIRMATION NO. 8535

SERIAL NUMBER 09/877,220	FILING DATE 06/08/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 265.0019 0101
APPLICANTS Karin Westlund High, League City, TX; Giulio Tagliatela, Dickinson, TX;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/210,413 06/08/2000 AND CLAIMS BENEFIT OF 60/225,702 08/16/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/07/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 31
INDEPENDENT CLAIMS 25				
ADDRESS 26813				
TITLE Methods for treating neuropathological states and neurogenic inflammatory states and methods for identifying compounds useful therein				
FILING FEE RECEIVED 1458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): High et al.
Serial No.: 09/877,220
Confirmation No.: 8535

COPY OF PAPERS
ORIGINALLY FILED

Group Art Unit: 1614
Examiner: Unknown
Docket No.: 265.0019 0101

Filed: June 8, 2001

Title: METHODS FOR TREATING NEUROPATHOLOGICAL STATES AND NEUROGENIC
INFLAMMATORY STATES AND METHODS FOR IDENTIFYING COMPOUNDS USEFUL
THEREIN

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Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

We are transmitting the following documents along with this Transmittal Sheet (which is submitted in triplicate):

- ☒ **Small entity status is entitled to be asserted in the above-identified application.**
- ☒ An itemized return postcard.
- ☐ A Petition for Extension of Time for __ month(s) and a check in the amount of \$__ for the required fee.
- ☐ An Information Disclosure Statement (__ pgs); copies of __ applications; 1449 forms (__ pgs); and copies of __ documents cited on the 1449 forms.
- ☐ A check in the amount of \$__, representing __.
- ☐ A certified copy of a __ application, Serial No. __, filed ____, the right of priority of which is claimed under 35 U.S.C. §119.
- ☒ Other: Request for Corrected Filing Receipt (2 pgs, including copy of Filing Receipt w/correction in red).
- ☐ Amendment __ No Additional fee is required. __ The fee has been calculated as shown:

Fee Calculation for Claims Pending After Amendment					
	Pending Claims after Amendment (1)	Claims Paid for Earlier (2)	Number of Additional Claims (1-2)	Cost per Additional Claim	Additional Fees Required
Total Claims				x \$9 =	
Independent Claims				x \$42 =	
One or More New Multiple Dependent Claims Presented? If Yes, Add \$140 Here →					
Total Additional Claim Fees Required:					

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 13-4895. Triplicate copies of this sheet are enclosed.

CERTIFICATE UNDER 37 C.F.R. §1.8: The undersigned hereby certifies that this Transmittal Letter and the paper(s), as described hereinabove, are being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on this 10 day of January, 2002.

MUETING, RAASCH & GEBHARDT, P.A.
Customer Number: 26813

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